



Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2625, Expedited Procedure

03650.000139.

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
: Examiner: C. Sukhaphadhana
KISHAN B. SHAH)
: Group Art Unit: 2625
Application No.: 09/750,602)
: Filed: December 28, 2000)
: For: SYSTEM AND METHOD FOR)
EFFICIENT DETERMINATION :
OF RECOGNITION INITIAL)
CONDITIONS : August 26, 2004

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SEP 02 2004

Technology Center 2600

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated May 26, 2004, please amend the
above-identified application, as follows:

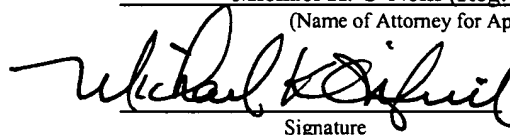
I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

August 26, 2004

(Date of Deposit)

Michael K. O'Neill (Reg. No. 32,622)

(Name of Attorney for Applicant)



Signature

August 26, 2004

Date of Signature



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BOX AF

AF 61

Amendment Under 37 C.F.R. § 1.116
Group Art Unit 2625, Expedited Procedure

In re Application of:

KISHAN B. SHAH

Application No.: 09/750,602

Filed: December 28, 2000

For: SYSTEM AND METHOD FOR EFFICIENT
DETERMINATION OF RECOGNITION
INITIAL CONDITIONS

Mail Stop AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Docket No. 03650.000139.

Examiner: C. Sukhaphadhana

Group Art Unit: 2625

Date: August 26, 2004

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Technology Center 2600

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 16	MINUS	** 20	= 0	x \$9 \$18	- 0 -
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$43 \$86	- 0 -
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						- 0 -


* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant
Michael K. O'Neill
Registration No. 32,622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200

Form #120

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